## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10675820

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)           |   |   |              |                                |                              |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|--|---|---|--------------|--------------------------------|------------------------------|------------------|-----|---------------------|------------------------|----|-------------------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | 51           |                                |                              |                  | I   | RATE                | FEE                    |    | RATE                          | FEE                    |  |
| F0   | R .   | <del> </del>                              | NUMBER FILED |                                | NUMB                         | ER EXTRA         |     | BASIC FEE           | 375.00                 | OR | BASIC FEE                     | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                  |   |   | 51 minus 20= |                                | . 31                         |                  |     | X\$ 9=              |                        | OR | X\$18=                        | 558                    |  |
| IND  | EPENDENT CL   | AIMS                                      | 2 mir        | านร 3 =                        | * 0                          |                  |     | X42=                |                        | OR | X84=                          |                        |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT       |                                |                              |                  |     | +140=               |                        | OR | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter |   |   |              |                                | "0" in c                     | olumn 2          |     | TOTAL               |                        | OR | TOTAL                         | 1308                   |  |
|  | CI  | LAIMS AS A<br>(Column 1)                  | MENDED       | (Colur                         | nn 2)                        | (Column 3)       |     | SMALL E             | NTITY                  | OR | OTHER<br>SMALL E              |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM!<br>PREVIO<br>PAID | DUSLY                        | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE | ·  | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                             |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                        |                        |  |
|  | Independ nt   | *   | Minus        | ***                            |                              | =                |     | X42=                |                        | OR | X84=                          |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                |                              |                  |     | +140=               |                        | OR | +280=                         |                        |  |
|  |   |   |              |                                |                              |                  |     | TOTAL<br>ADDIT. FEE | ·                      | OR | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)                         |   |   |              |                                |                              |                  |     |                     |                        |    |                               |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVK<br>PAID   | BER<br>OUSLY                 | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                             |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                        |                        |  |
|  | Independent   | *   | Minus        | ***                            |                              | =                | 1   | X42=                |                        | OR | X84=                          |                        |  |
| Ļ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                |                              |                  | ا ا | +140=               |                        | OR | +280=                         |                        |  |
|  |   |   |              |                                |                              |                  |     | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |  |
|  |   | <u> </u>                                  |              |                                |                              |                  |     |                     |                        |    |                               |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                   | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus        | **                             |                              | =                |     | X\$ 9=              |                        | OR | X\$18=                        |                        |  |
|  | Independent   | *   | Minus        | ***                            |                              | =                | 4   | X42=                |                        | OR | X84=                          |                        |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                |                              |                  |     | +140=               |                        | OR | +280=                         |                        |  |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If th "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "High st Number Previously Paid For" (Total or Ind pendent) is the highest number found in the appropriat box in column 1. |   |              |                                |                              |                  |     |                     |                        |    |                               |                        |  |